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in 24 hours after in by (2 hours ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 be refained by the hospital or attending physician.

O FUNERAL ECTOR: After this certificate has been signed by the attending physician and com director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon p be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within TO HOSPITAL death. Page 4 TO FUNERAL

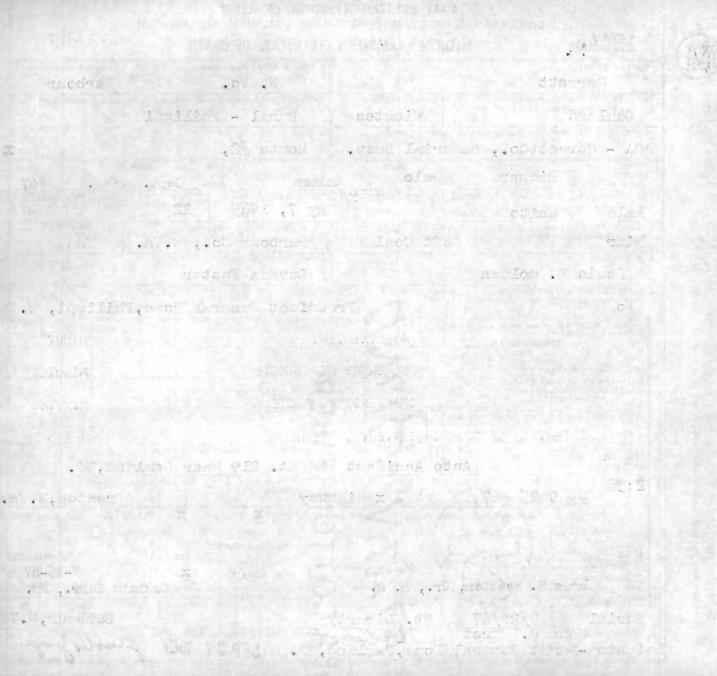
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 19747 CERTIFICATE OF DEATH 12448

NAME OF DECRASED (Pre w print) DECRASED (Pre w print) George Marcellus Friend Decrase (Pre pre print) Set (Pre pre print) George Marcellus Friend Decrase (Pre pre pre print) Set (Pre pre print) George Marcellus Friend (Pre pre print) Male White Whote (Pre pre pre print) Male White Whote (Pre pre pre pre pre pre pre pre pre pre p	279 2 2 4								
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with RURAL and give nearest town) Verellin	b. CITY OR TOWN	(if outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orefe limits, write	RURAL end give	nearest town)
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Many Smith 13. FAHER'S NAME Walter Friend 14. MOTHER'S MADEN NAME Walter Friend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT NO. or unhown) (Hyergivewerer debet of service) 213-10-3712-A Mr. Otis Friend Crellin, Maryland PART I. DEATH WAS CAUSED BY. DETERMINED (16), bond (16). PART I. DEATH WAS CAUSED BY. MAMEDIATE CAUSE (a). Can cause per Marylor (a), (b), end (16). PART II. DEATH WAS UNDERLYING (a). DUE TO (16), bond (17). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CO	10a. USUAL OCCUPA	TION (Give kind of work		ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	inty & State, or	foreign country)	12. CITIZEN C	OF WHAT COUNTRY
Walter Friend Mary Smith 15. WAS DECEASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (***) For unknown (Hyergivewcrodeterolesevices) 213-10-3712-A Mr. Otis Friend Crellin, Maryland 18. CAUSE OF DEATH (Enter only one cause per Hill for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (b), telling the underlying (c) DUE TO Conditions if any, which gave rise to immediate cause (a), telling the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? YES NO [**] NO. [**] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? YES NO [**] OR CONTRIBUTING CAUSE OF DEATH AND WAS INDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? YES NO [**] OR CONTRIBUTION CAUSE OF DEATH AND WAS INDERLYING COURSED WHILE AND WAS INDEAD WAS INDEA	Miner	orking life, aven if ratired)		Coal			nd	USA	
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21. I certify that (i) (this hospital) attended the deceased from the causes and on the date stated above 22e. Signature 22e. Signature 22e. Physician's NAME (Type) A. E. MONCE, M.D. 23a. Burial, Cremation, 23b. Date thereof Removal (Spacify) Bruial 23c. NAME OF CEMETERY OR CREMATORY Ashby Cemetery Appress 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Hour e.m.		While	Not While fee			y or lown)	(County)	(Stete)
saw the deceased alive on 19.67. and that death occurred at 2 M, from the causes and on the date stated above 22e. SIGNATURE 22e. SIGNATURE ATTENDING MED. DIRECTOR PHYS.		that (I) (this hands	1) -	ded the deceased fra-	Jules	10/05	Llent	1067	(hat (1) (wa) la
22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type) A. & MANCE, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Bruial 23c. NAME OF CEMETERY OR CREMATORY AShby Cemetery Crellin, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE		1	'	25 17	1 1 9:4	5			,,,,,
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22c. PHYSICIAN'S NAME (Type) A. & MANCE, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Bru1al 9/28/67 Ashby Cemetery 23c. NAME OF CEMETERY OR CREMATORY Ashby Cemetery Crellin, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE	22e. SIGNATURE	SYha	110		manage David				6 and Sygne
NAME (Type) A. E. MANCE, M.D. 3 SOUTH THIED ST CLUMNO, MD. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Bru1al 9/28/67 Ashby Cemetery Crellin, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR'S SIGNATURE	22c. PHYSICIAN'S	01100							1 11 11
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24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE OCT 4 1967			7	Ashby Ceme	terv	Crel	lin. Ms	arvland	
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	.B. June Lucus, Ld.	4	erun C . 77.
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FOR STATE HEALTH DEP

P.M.3. Page

any delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

5 may be retained far yaur files.

VR A15ME (5)

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

12459

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		MEDICAL EXAMINER 3	CERTIFICATE OF		
	ACE OF OEATH			here deceased lived, if institution	
0. (Garrett	MARYLAND	o. STATE Ma.r.	rland b. COUNT	Garrett
b. (CITY OR TOWN (If outside corporate limits			side corporate limits, write RURA	
	write RUPAL and give negrest town) Friendsville	17 yrs.	Frie	endsville	11.1
_	NAME OF HOSPITAL OR INSTITUTION (If no		d. STREET ADDRESS	MADVILIO	e. IS RESIDENCE
			E COMPANY		ON A FARM? YES NO 5
	ME OF Firs	st Middle	Lost	4. DATE Month	
	CEASED Mary	Lona Humber	son	OF OEATH Sept.	10. 1967
SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
F	emale White	WIDOWED DIVORCED	Aug. 21, 18	397 70 birthdoy)	Months Doys Hours Min.
. US	SUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT
ing.	most of working life, even if retired) Housewife	Own Home	Friendsvi	ille, Md.	COUNTRY?
_	ATHER'S NAME		14. MOTHER'S MAIDEN N		
	Cornelius W.	Friend	Lizzie	Friend	
	AS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Addres	S
res, n	no, or unknown) (If yes give wor or dates of	r service) Da	avid Humber	rson Friend	sville, Md.
-	8. CAUSE OF OEATH (Enter only one cous				INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Malmutaition			Weeks
	151X DUE	10			
	onditions, if ony, which gove	(b) Careinoma of	stomach		Months
	se to immediate couse (o), OUE	10			
		(c)			
P	ART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO OEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
					YES NO
	Oo. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	ort I or Port II of item 18.)	
	AUSE OF DEATH.				
20	Oc. TIME OF INJURY Month, Doy, Year		ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
	HOUR O.M.	Mhile Net While	ctory street office bldg off t		
-	Hour o.m. p.m.	While Not While of work of work	ctory, street, office bldg., etc.)		
	p.m. 19			Inspection 🔀, Inqui	ry 🔀, and in my opinic
	p.m. 19	of the remains described above, h			
	21. I certify that I took charge death resulted fram: Natura	of the remains described above, h	eld on Autopsy,	, Undetermined ma	inner
	p.m. 19 21. I certify that I took charge	of the remains described above, h	eld on Autopsy, icide, Hamicide CHIEF MEDICAL M_D. ASSISTANT MEDI	, Undetermined mo EXAMINER CAL EXAMINER	22. DATE SIGNE
SI	21. I certify that I took charge death resulted fram: Natura	of the remains described above, h	eld on Autopsy, icide, Hamicide CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL	, Undetermined ma EXAMINER CAL EXAMINER L EXAMINER	22. DATE SIGNE 9-11-67
SI E: N	21. I certify that I took charge death resulted fram: Natura Natura IGNATURE XAMINER'S LAME (Type) James H. F	of the remains described above, h	eld on Autopsy, icide, Hamicide CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL Address (Street,	, Undetermined mo EXAMINER CAL EXAMINER L EXAMINER city, town, or county Oak]	22. DATE SIGNER 9-11-67 and, Md.
SI E: N	21. I certify that I took charge death resulted fram: Natura Natura IGNATURE XAMINER'S LAME (Type) James H. F. BURIAL, CREMATION, 23b. DATE THE	of the remains described above, h causes Accident , Su easter Jr M. REOF 23c. NAME OF CEMETERY OF	eld on Autopsy, icide, Hamicide CHIEF MEDICAL I ASSISTANT MEDI DEPUTY MEDICAL Address (Street,	Undetermined mo	22. DATE SIGNE 9-11-67 and, Md. (County) (Stote)
SI E: N	21. I certify that I took charge death resulted fram: Natura Natu	e of the remains described above, had causes Accident , Su easter, Jr., M. REOF 23c. NAME OF CEMETERY OF Blooming R	eld on Autopsy, icide, Hamicide CHIEF MEDICAL I ASSISTANT MEDI DEPUTY MEDICAL Address (Street, CREMATORY OSE Cemetes	Undetermined more than the cale Examiner Cale Examiner Cale Examiner Cale Examiner Cale Examiner Cale County Oakl 23d. LOCATION (City or Town Friendsy	22. DATE SIGNE 9-11-67 and, Md. (County) (Stote) 111e. Md.
SI E: N	21. I certify that I took charge death resulted fram: Natura Natura IGNATURE XAMINER'S LAME (Type) James H. F. BURIAL, CREMATION, 23b. DATE THE	of the remains described above, h causes Accident , Su easter Jr M. REOF 23c. NAME OF CEMETERY OF	eld on Autopsy, icide, Hamicide CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL Address (Street, R CREMATORY OSE CEMETE) 250. REC'D	Undetermined mo	22. DATE SIGNE 9-11-67 and Md. (County) (Stote)

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Manager State of the late

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12451 12460 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEDT: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY any deloy is , 2, ond 3 to n PM3. Poge Garrett MARYLAND mineral b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Oakland 85 minutes d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) with form ON A FARM? This certificate should be executed within 24 hours ofter death. If NO Z Garrett Co. Memorial Hospital NAME OF 4 DATE Year DECEASED OF DEATH September 1967 29th (Type or print) Spong Marshall Johnson IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Manths in Item 18. White Male 8-30-24 WIDOWED DIVORCED within 72 hours ofter death 4 should be forworded to the Chief Medicol Exominer's Office File poges lond2 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** COA miner pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Johnson 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service Johnson Elk Garden, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ond in ony event CORONARY OCCLUSION IMMEDIATE CAUSE (o) writing the word DUE TO THROMBOSIS, LEFT CORONARY Conditions, if ony, which gave rise to immediate cause (o), DUE TO stating the underlying cause CORONARY SCLEROSIS 19. WAS AUTOPSY cremotion, or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T execute the certificote, NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o.m. FUNERAL DIRECTOR: Poge of wark at work 21. I certify that I taak charge of the remains described above held an Autapsy 🛨 , Inspection 🛨 , Inquiry 🛨 , and in my apinion death (resulted fram: Natural causes ... Accident Hamicide Undetermined manner Suicide | the funerol director. retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED 9-29-57 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE moy be DEPUTY MEDICAL EXAMINER EXAMINER'S James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oakland, Md. Heolth 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) 50 REMOVAL (Specify) Methken THIMERA 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A 15ME (5) 1967 6M 1/67

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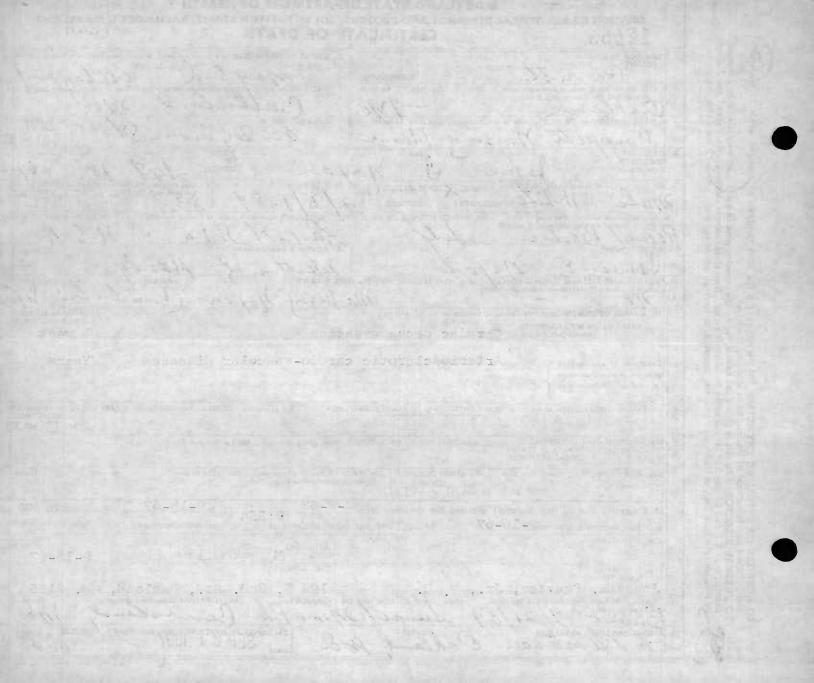
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12453 12462 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY Garrett West delay is and 3 ta Page Virginia MARYLAND Grant b. CITY OR TOWN (Il outside corporate limits. CLENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) PM3. F write RURAL and give nearest town) Minutes Gormania Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? Examiner's Office along with form DOA) Garrett Co. Mem. Hospital NO SE in Item 18. Give Pages YES executed within 24 hours after death. NAME OF Middle 4 DATE Year Day DECEASED OF DEATH John (Type or print) Harold Knotts Sept. 16th 19 SEX IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthdoy)
9 yrs. Months Dovs White 10-7-07 Male after death WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 10o, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? West Virginia U.S.A Construction Laborer pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME haurs Sanford Knotts Emma Rinker File .= 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Chief Medical within Margaret Wilson Knotts Gormania, W.V INTERVAL RETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY Sudden event Coronary thrombosis IMMEDIATE CAUSE (o) .. writing the ward This certificate shauld DUE TO he in any Coronary areteriosclerosis Years Conditions, if ony, which gove rise to immediate couse (a). farwarded ta DUE TO stoting the underlying couse and be used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) remayal, the certificate, NO + Prior heart attack 11 years ago 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING shauld 10 CAUSE OF DEATH crematian, MEDICAL 20e. PLACE OF INJURY (Home, larm, 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (City or town) (County) Hour o.m. foctory, street, ollice bldg., etc.) FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above held an Autapsy Inspection X. Inquiry 7 and in my opinian Natural causes death resulted fram: Accident 7 Suicide Homicide Undetermined manner funeral directar retained please CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 9-17-57 pe DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or count Oakland. NAME (Type) James H. Feaster, Jr., M. D. may Health 23c. NAME OF CEMETERY OR CREMATOR TARENS 23b. DATE THEREOF 23d. LOCATION (City or Town) 230. BURTAL CREMATION. (Stote) Garrett County Mem | Ca. 01 9-20-67 Oakland Garrett Md 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME Terra Alta, W. Va. DATESEP 2 2 1967 6M 1/67 Milianles

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	DIVISION OF STATISTICAL RESEARCH AND RECOR			RE 1, MARYLAND
	12454 CERTIFICA	TE OF DEATH	Н	12463
1.	PLACE OF DEATH a. COUNTY			If institution, Residence before edmiss
	GArre H MARYLA	ND O. STATE	7 N b. CO	CARRETT
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY		N (If outside corporate limits, w	rite RURAL and give neerest town)
	write RURAL and give nearest town)	Kil	Law Ylan	111
-	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress,	d. STREET ADDRE	SS	e. IS RESIDE
	hingh Consett M 11.			ON A FAI
3.	NAME OF First A Hone Middle	Last	4. DATE Mo	
	(Type or print)	MAD 1.	OF DEATH	
5.	SEX SOURCE MAY	DATE OF BIRTH	20	7 1967
-	/ MARKIED NEVER MARKIED	a. DAIL OF BIRTH	last birthday	
10	JENA CENTRALIST WIDOWED DIVORCED	April //	1 1885 82 Yrs.	
d	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	DUSTRY 11/ BIRTHPLACE (Co	ounty & State, or foreign countr	y) 12. CITIZEN OF WHAT COUN
	Housewice Home	Bredrick	.Co. Va	USA
13	FATHER'S NAME	14. MOTHER'S MAID	EN NAME	
	Owen Derelinger	SAra	Steele	
	WAS DECEASED EVER IN U.S. ARMED ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Addre	015
	212-14-7728	Phollis P.	Hamrick S	Shallman, and
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	1 11/3	7	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tation 1	neumania.	ONSET AND DEATH
	4 221 DUE TO 01			7
	Conditions, if any, which \ (b)			6 mars
	gave rise to immediate cause	8	2 1 ./	1 01 1
	(a), stating the underlying DUE TO cause last.	al f	Partin Van	when I. Unknown
z	101 11 0	UT NOT RELATED TO THE TER	MINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTO
ATION				PERFORMED
U	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF	CLIDDED /Enter enture of initial	ey in Part I as Part II of it 10 1	YES NO
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH	CORRED. (Enter nature of injur	y in real tot real it of held to.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	BLACE OF BUILDING	1 001 100	10
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 While Not While	e. PLACE OF INJURY (Home, f factory, street, office bldg.,	etc.)	(County) (State
ME	p.m. 19 at work at work	<i>A</i> 1		
	21. I certify that (I) (this hospital) attended the deceased	rom 149 12	., 1967, to Sep. J.	7., 1967, that (I) (we)
	4. 7/ /7			and on the date stated abo
	228 SIGNATURE		/	22b. DA
	butt of Teighton	M.D. PHYS.	MED. STAFF PHYS.	7 Sept 6
	22c. PHYSICIAN'S	22d. ADDRESS		
	NAME (Type) HERBERT H. LEIGHTON, M.D.	OAK AT F	IFTH OAKLAN	D, MARYLAND 21550
23	Ia. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMI	TERY OR CREMATORY	23d. LOCATION (City,	town or county) (State)
-	Burial 9-10-67 Methker	Hill	SIK. GAM	den Wa
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1. 24 1 25a.		REGISTRAR'S SIGNATURE
-	Notert ryll Fulls 4. Pilsmil	Cay, Wed, DATE	2EL T 9 1961	
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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If institution: Residence before edmission) . COUNTY b. COUNTY 事? 日 MARYLAND and b. CITY OR TOWN (if oulside corporale d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 200 completely YES NO W 3. NAME OF pape Middle Day (Type or print) AGE (fn aars last birthday) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months physician USUAL OCCUPATION (Give kind of work during most of warking life, ofen if retired) please .5 attending 16. SOCIAL SECURITY NO. attending physician. signed by 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (6) Cardiac decompensation week burial-transit has been Arteriosclerotic cardio-vascular disease Years Conditions, if eny, which geve rise to immadiate causa DUE TO (e), stating the undarlying the the hospital or causa last. certificate 35 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? use prior NO X for 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of itam 18.) After this of Health OR CONTRIBUTING TI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not Whila Hour e.m. DIRECTOR: tate Dept. et work p.m. 21. I certify that (I) (this hospital) attended the deceased from 2-2-67 to 9-18-67 19....., that (i) (***) last should 22b. DATE 22e. SIGNATURE MED. SIGNED STAFF HOSPITAL FUNERAL page DIRECTOR PHYS. PHYS. 9-18-67 M.D. 22c. PHYSICIAN'S 22d. ADDRESS director, the filed v NAME (Typa) 104 S. 2nd, St., Oakland, Md. 21550 BURIAL CREMATION 23c. NAME 256 REGISTRAR'S SIGNATURE VR A15 (M) 20M 5-4



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12465 12456 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages I ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a STATE b. COUNTY Garrett MARYLAND within 72 hours after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Belleville 2 vears Rural Grantsville Rural d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM Goodwill 異樣##維維 Mennonite Nursing Home YES NO Middle 4. DATE 3. NAME OF First Lost Doy pleose remove corbon Year the ottending physician and completely. DECEASED E. Peachev 19 (Type ar print) DEATH Clara Sept 2.1967 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In year S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED birthday) Months Days Haurs June 17,1885 WIDOWED 1 DIVORCED Female 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cauntry) during most of warking life, even if retired) COUNTRY? INDUSTRY U.S.A Somerset Pa. House work 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Yoder Enock Bender WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. Md. (Yes, na. ar unknown) (If yes give war or dates of service Nursing Home Records, Grantsville No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse os the Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) While Not While at wark at work , 19___, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 19 19 , and that death accurred at GradM, fram causes and an the date stated abave. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF M.D. PHYS. director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Meyersdale, 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) ocust Grove Cem 250. REC'D BY REGISTRAR 96 leville.Mi 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** DATES VR A15 (4) 20 M 1/66 Grantsville.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		ACE OF DEATH COUNTY Gar	rrett		MA	ARYLAND	2. USUAL RESIDENCE (o. STATE Mar	Where deceose yland	d lived, if institu b. COU		
	b.	CITY OR TOWN (I	outside corporate limits	,	c LENGTH OF STAY		c. CITY OR TOWN (If o	riends	e limits, write RU SV111e,	IRAL ond give neo	rest town)
			at or institution (if no ett Co. Mer	, ,		1	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO TO
	DI	AME OF ECEASED ype or print)	Fir Bes		Middle Cath	erine	Lost Riley	4. DATE OF DEATH	Sept.	27, 6°	Doy Year
1	S. SE		6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARR		DATE OF BIRTH 8-21-95		AGE (In years lost birthdoy)	Months Doy	R IF UNDER 24 HRS.
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	13. F	ATHER'S NAME	Thomas B			h	14. MOTHER'S MAIDEN	NAME Ann L	.ee		
	(Yes,	NAS DECEASED EVE no, or unknown)	R tN U.S. ARMED FORCES? (If yes give wor or dotes o	f consists \	SOCIAL SECURITY NO. 14-4829	D 17. IN	FORMANINOTTI Son	s Ril	ey Addr	ess ndsville	e, Md.
	0	PART I. DEAT Conditions, if ony, ise to immediat that in the under ast.	e couse (o),	(o) (b) 10	Cabella tells	Jel Sch	Declee Thedit Erm	us		flas Se	INTERVAL BETWEEN ONSEL AND DEATH ONSEL AND DEATH
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		saw the de	fy that (I) (this has eceased alive on	pital) attend 9-27 - 6	ded the decease 719	d fram , and that	death occurred at	19 <i>(2)</i> , to 1:30PM,	9-27-6 fram causes	57 , 19 , and an the d	that (I) (we) las ate stated obove
		22c. PHYSICIAN'S NAME (Type)	13/lea	CCC. Man	CB	M.D.	22d ADDRESS	MED. DIRECTOR [22b. DATE S	Flys 67
=	230.	BURIAL, CREMATIC REMOVAL (Specify UPIAL	ON, 23b. DATE THE	REOF	23c. NAME OF CE	METERY OR C	REMATORY .	23d. LOC	ATION (City or To	own) (Cou	nty) (Stote)

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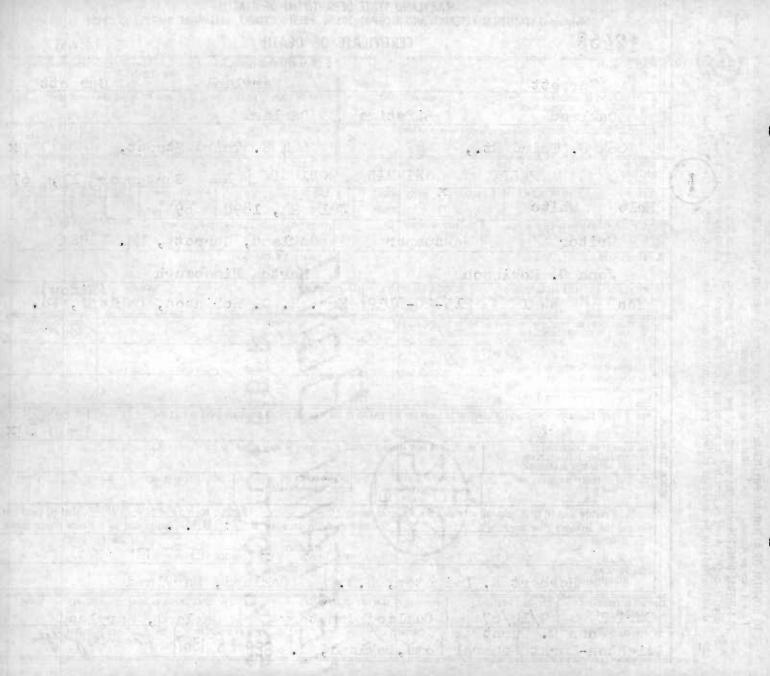
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12459 CERTIFICATE OF DEATH 12468 law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY the attending physician and completely filled in by the fur sit permit. Then please remave carbon papers. Pages t Garrett Maryland MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give neagest town) Lifetime Odc land Oakland d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) Nn 72 ON A FARM? 664 S. Third St. 664 S. Third Street. NO X NAME OF First Middle Year DECEASED GRIFFIN ROBINSON OF DEATH FELTX September (Type or print) IF UNDER 1 YEAR 9. AGE (In years SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Male White July 24. 1898 WIDOWED DIVORCED and in any 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) Oakland. Garrett. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remaval, Martha Hinebaugh John G. Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no-or unknown) (If yes give wer ar dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address Widow 5-20-6139 Mrs. F. G. Robinson, Oakland, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (e). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO Z the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. TO FUNERAL DIRECTOR: After ed the deceased fram May, 1966, ta 500 t. 1962, that (I) (we) last 11 1962, and that death accurred at 7:3 M. Promulauses and an the date stated above. 21. I certify that (I) (this haspital) attended the deceased fram May saw the deceased alive an Sant 22b. DATE SIGNED 220. SHONAFURE DIRECTOR PHYS. M.D. directar, page shauld be filed 22d. ADDRESS 22C PHYSICIAN'S NAME (Type) Herbert Oakland, Maryland H. Leighton, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) Oakland Cemeterv Oakland. Marvland 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 12 Home , Oakland , Md . Leighton-Durst Funeral 20 M 1/6



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
. 2	12460 CERTIFICATE OF DEATH
funerol 1 and 2	PLACE OF DEATH o. COUNTY Garrett MARYLAND D. CITY OF TOWN (If putside corporate limits and the property large) 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland Garrett CITY OF TOWN (If putside corporate limits write PUPA) and the percent large.
couted within 24 hours after deot completely filled in by the funero love carbon papers. Pages 1 and y event, within 72 hours after deat	write RURAL and days negree to warm 5 wks 2 days Oakland
in 24 hours of filled in by the popers. Pagin 72 hours?	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Garrett County Memorial Hospital 137 N. 4th St. 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
pletely fi	NAME OF First Middle Lost 4. DATE Month Doy Year OF OF OF DEATH September 4, 1967
e executed was complete remove corbin any went,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 78 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
ertificote be exe physicion ond control of the please remotorol, and in any	00. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & Stote, or foreign country) 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? USA
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e death ottendir ermit. on, or re	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 235-36-5878 Mrs. Dorothy Glotfelty see # 2 above
thot the an. by the ronsit p	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (c)
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 4 may be retained by the haspital or attending physician. **REAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral for, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 lide be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse last. DUE TO DUE TO DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse last. (c)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \text{ NO } \equiv \)
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NING PHYSIC by the hospi ffer this certi be detached State Dept. o	20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED While Not While at work of work o
ATTENDI etained b CTOR: Afi should b	21. I certify that (I) (this haspital) attended the deceased fram Apr , 1965, ta Sept , 1967, that (I) (we) last saw the deceased dive an 4500 , and that death accurred at 114 M, fram causes and on the date stated abave 220. SIGNATURE 22b. DATE SIGNED,
PE G W	M.D. ATTENDING MED. STAFF DIRECTOR DIRE
TO HOSPITAL OR ATTENI Poge 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	NAME (Type) DR. B. T. GRANT OAKLAND, MARYLAND 30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
(10)	BUTIATION 9/6/67 Oakland Cemetery Oakland Maryland ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE.
VR A15 (4) 20 M 1/66	Gerald M. Minnich Oakland, Maryland of EP 13 1961

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12470 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. gup USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) PLACE OF DEATH physician and completely filled in by the funeral en please remave carbor papers. Pages I and o. COUNTY o. STATE b. COUNTY GARRETT MARYLAND GARRETT MARYLAND . CtTY OR TOWN (If outside corparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) OAKTA ND 8 HRS. OAKLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 137 SECOND STREET GARRETT COUNTY MEMORIAL HOSPITAL NO DE 3. NAME OF Middle DATE First Lost Doy Year DECEASED 8. 19 67 DEATH SEPTEMBER MERIE T.FO WILLARD (Type or print) 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Dovs Hours JUNE 28, 1901 WIDOWED DIVORCED WHITE MALE 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? MARYLAND U.S.A. Garage Owner Lantz 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME EMMA FUNT MILTON J. WILLARD 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes give wor or dotes of service) MARYLAND AFTEE-AGNES ONEDA WILLARD-OAKLAND no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use NO \$ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) ot work at work L 19 67 that (1) (we) last SEPT. 8 21. I certify that (1) (this hospital) ottended the deceased fram. , and that death accurred at 7:35 saw the deceased alive an SEPT M, Afor causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. ATTENDING MED. DIRECTOR STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) OAKLAND, MARYLAND E. MANCE directar, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION, REMOVAL (Specify) Rest Haven Cemetery Hagerstown. Burial 250. REC'D BY REGISTRA OCT 256. REGISTRAR'S SIGNA 24. FUNERAL DIRECTOR Oakland, Maryland DATESE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12462 12471 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY GARRETT in by the funers. Pages 1 2 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
OA KLAND mo. -20 days BROWNFIELD d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled GARRETT COUNTY MEMORIAL HOSPITAL YES NO NAME OF **First** Last 4. DATE Manth Year DECEASED (Type or print) ANNA BELLE T.EE WOR KMA N DEATH SEPTEMBER 9. AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Haurs WIDOWED OIVORCED WHITE SEPT 30.1927 and 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY? HOUSEWIFE GARRETT MARYLAND II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, ZET.DA BURGESS HAROLD ET.SWORTH COSNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknown) (If yes give war ar dates af service None ZELDA COSNER signed by the c burial-transit p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (e).)
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TO FUNERAL VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR? eighton-Durst Funeral Home, Oak land, Md.

23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF Bismark Cemetery ADDRESS

25a. REC'D BY REGISTRAR 967 25b.

23d. LOCATION (City or Town) (County) Bismark, Mineral, W. Va.

